

CERTIFICATE OF MAILING

I hereby certify that this document is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date set forth below.

Handa J. Lawrence
(signature)

Date of signature and deposit - 01-14-05

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	Group Art Unit 3683
FRANK EINIG, et al.)	
)	
Serial No. 10/753,611)	Confirmation No. 8919
)	
Filed: January 8, 2004)	Examiner Pamela Rodriguez
)	
For: SYSTEM FOR CONTROLLING)	Attorney Docket 1-24996
DRIVING DYNAMICS)	

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

Honorable Sir:

Please amend the above-identified application as indicated on the following pages. Amendments to the Abstract begin on page 2 of this paper. Amendments to the Claims are reflected in the listing of claims, which begin on page 3. Remarks/Arguments begin on page 6.

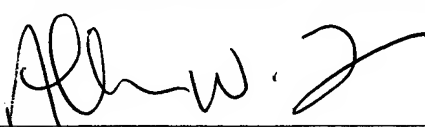
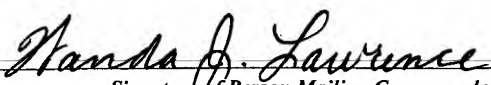
Respectfully submitted,

Allen W. Inks

Allen W. Inks
Reg. No. 37,358

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IFW

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 1-24996	
Applicant(s): Frank Einig et al.					
Application No. 10/753,611	Filing Date January 8, 2004	Examiner Pamela Rodriguez	Customer No. 04859	Group Art Unit 3683	Confirmation No. 8919
Invention: SYSTEM FOR CONTROLLING DRIVING DYNAMICS					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 13-0005 <div style="margin-left: 20px;"><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><input type="checkbox"/> Payment by credit card. Form PTO-2038.</div><div>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</div></div>					
<div style="text-align: right;"> _____ Signature</div>			Dated: January 14, 2005		
Allen W. Inks - Reg. No. 37,358 MacMillan, Sobanski & Todd, LLC One Maritime Plaza, Fourth Floor 720 Water Street Toledo, Ohio 43604-1853 (419) 255-5900			<div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <div style="text-align: center;">January 14, 2005 (Date)</div><div style="text-align: center;"> _____ Signature of Person Mailing Correspondence</div><div style="text-align: center;">Wanda J. Lawrence _____ Typed or Printed Name of Person Mailing Correspondence</div></div>		
CC:					